

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF HARRY T COLLINS # 156625		COURT CASE NUMBER 05-624-SLR
DEFENDANT Linda Hunter		TYPE OF PROCESS Civil
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN H.R.Y.C. 1 MEDICAL DEPARTMENT.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PO BOX 9561 Wilmington- DE 19809	
AT		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input type="checkbox"/> HARRY T. COLLINS 156-625 <input type="checkbox"/> H.R.Y.C. 1 2-H-4 <input type="checkbox"/> PO BOX 9561 <input type="checkbox"/> Wilmington- DE 19809		Number of process to be served with this Form - 285 1 Number of parties to be served in this case 4 Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

FORMA PAUPERIS**FILED****FEB - 9 2006**

U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

N/A**JAN 31-06****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk DF	Date 2-8-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time am pm Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

**NO longer @ HRYC 1
But unexecuted 2/8/06**